

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED: 08/24/2011
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NAME OF PROVIDER OR SUPPLIER

FAIRPARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

307 N FIFTH ST BOX 5477

MARYVILLE, TN 37801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to administer pain medication as ordered for one resident (#3); failed to administer the correct medication for one resident (#3); and failed to administer medication via a Gastrostomy tube per policy for one resident (#10) of nineteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on December 17, 2010, with diagnoses including Adult Failure to Thrive and Dementia.</p> <p>Medical record review of a physician's order dated May 25, 2011, revealed a scheduled narcotic pain medication order "Morphine IR (immediate release) 15mg (milligrams) ½ (one half) tab (tablet) 4 times daily pain."</p> <p>Medical record review of the Medication Administration Record dated June 1, 2011, revealed the 1:00 p.m., 5:00 p.m., and 9:00 p.m., doses of Morphine IR 15mg were not administered to resident #3 as ordered by the physician.</p> <p>Interview with RN (Registered Nurse) #1 on August 23, 2011, at 9:55 a.m., in the 200 hall, at</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>It is the practice of our Center to ensure that services provided meet professional standards. In order to maintain our standards, data entry personnel and licensed nursing staff will use only Kindred Healthcare, Inc. acceptable medical abbreviations when transcribing medication orders. They will receive additional training regarding sig code abbreviations on September 20, 2011. A list of approved abbreviations including sig codes will be placed in medication transcribing locations in the nurses station with focus placed on those not to be used. Data Entry personnel will have a visible posting of sig codes that are not to be used.</p> <p>All current abbreviations of medication administration time will be revised to eliminate the potential for errors in administration of medications. Data entry personnel will report to the DNS or ADNS any unacceptable sig codes written by licensed staff included in physicians orders. Unacceptable sig codes will be corrected prior to data entry.</p> <p>Sig codes will be monitored monthly by a licensed nurse prior to placement of each resident's recapitulated medication administration record for use. The Assistant Director of Nursing will report to the Executive Director, Director of Nursing Services, Staff Development Coordinator, Nutritional Services Manager, Social Services Director, Activity Director, MDS Coordinator, Admissions Coordinator, Business Office Manager &amp; Medical Director (quarterly) the results of their review of acceptable sig code abbreviations during the monthly Performance Improvement Committee Meeting.</p> <p>The Staff Development Coordinator will validate the medication pass protocol with RN #1 during the week of 9/12/2011. The review will include checking the medication administration record to the medication card</p>	

Laboratory Director's or Provider/Supplier Representative's Signature

*Donna Dickson*

Title

*Executive Director*

Date

*9/9/11*

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>the medication cart confirmed the three doses (1:00 p.m., 5:00 p.m., and 9:00 p.m.) of Morphine IR 15 mg were not administered as ordered on June 1, 2011.</p> <p>Medical record review of a recapitulation physician's order dated May 17, 2011, revealed "Ativan 1mg sl (sublingual) every 8 hours prn (as needed) Acute Agitation." Further medical record review of a recapitulation order dated May 25, 2011, revealed "Morphine IR 15mg - 1/2 tab 4 times daily Pain."</p> <p>Medical record review of a Condition Change Form completed by RN #1, dated August 20, 2011, revealed "Pt (patient) received Ativan 1mg (milligram) po (by mouth) @ (at) 1300 (1:00 p.m.),...was supposed to receive Morphine IR 7.5 mg po - scheduled medication...no adverse reaction."</p> <p>Interview with RN #1 on August 23, 2010, at 9:58 a.m., on the 200 hall, at the medication cart, confirmed the medication error occurred on August 20, 2011. At the time of the interview, RN #1 stated "I just gave the wrong pill."</p> <p>Observation on August 23, 2011, at 7:50 a.m., revealed Licensed Practical Nurse (LPN #1) obtained medications to administer to resident #10. Continued observation revealed LPN #1 obtained 15 ml (milliliters=20 millequivalents) of Potassium Chloride liquid and a crushed multivitamin. Observation revealed LPN #1 turned the enteral feeding pump to 'hold' position and removed the plunger from the syringe. Observation revealed LPN #1 connected the syringe to the Gastrostomy port and poured 30 ml</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>and rechecking with the medication record prior to administering each medication. All Licensed nurses must pass a medication examination and demonstrate competencies in medication administration upon hire prior to administering medications. Licensed nurses who administer medications demonstrate competency in medication delivery during their annual skills competency check performed on the anniversary month by the Staff Development Coordinator or the Consultant Pharmacist, Director of Nursing Services, Assistant Director of Nursing Services or Staff Development Coord. will observe at least one licensed nurse during a Medication pass 3 times each week for 1 week &amp; 1 time each week for 1 month and then each nurse annually. Licensed nursing staff administering medications will complete review of administration of medication by gastrostomy protocol and perform a return demonstration of their competency in administration of medications via the feeding tube which will be completed by October 8. Observation of medication administration via the feeding tube will be observed by the Staff Development Coordinator, Director of Nursing Services, Asst. Director of Nursing Services or Pharmacy Consultant twice weekly for four weeks, once weekly for two weeks and once monthly thereafter. Results of medication administration audits will be presented to the Performance Improvement committee consisting of the Medical Director (quarterly), Executive Director, DNS, Asst. DNS, Staff Development Coord., Social Services, Activity Director, Business Office Manager, Admissions Coordinator, MDS Coordinator and Case Manager for review and recommendations during the monthly meeting.</p>	

10/18/11  
10/11/11

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F 281	Continued From page 2 of water into the syringe. Continued observation revealed LPN placed the stethoscope on the resident's abdominal area and injected 30 ml of air to confirm placement of the Gastrostomy tube. Observation revealed LPN continued to administer the medication.  Review of facility policy, Medication via Feeding Tube, revealed to "Check feeding tube placement" prior "Flush feeding tube with at least 30 ml of warm water."	F 281	This Plan of Correction is the center's credible allegation of compliance.  Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to ensure a safety device (wander guard alarm) was in place and functioning properly, to prevent an elopement (leaving the facility without authorization or supervision) for one resident (#5) of nineteen residents reviewed.	F 323	It is the practice of our Center to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Alarm was replaced on resident #5 on 6/23/11. Licensed Nurses will check and initial the presence of wander alarms on those residents with alarms in place at least daily. The function of individual alarms is checked weekly and documented by maintenance personnel.  Documentation of licensed nurses alarm checks will be audited three days weekly for one month, weekly for one month followed by observation during regular floor rounds by the Director of Nursing Services, Assistant Director of Nursing or Staff Development Coordinator. Results of alarm audits will be discussed and evaluated during monthly Performance Improvement Committee meeting attended by Medical Director (quarterly); Executive Director, Director of Nurses, Asst. Director of Nurses, Staff Development Coordinator, Social Services, Activity Director, Case Manager, Nutritional Services Manager, Business Office Manager, Admissions Director & MDS Coordinator.	10/8/11 IDP/aw



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F 323	Continued From page 3	F 323		
	<p>The findings included:</p> <p>Resident #5 was admitted to the facility on June 1, 2009, with diagnoses including Hypertension, Chronic Renal Insufficiency, and Dementia.</p> <p>Medical record review of the care plan dated September 9, 2009, revealed "wandering alert device on person and walker at all times."</p> <p>Medical record review of a nurse's note dated June 23, 2011, at 1:50 p.m. revealed "Resident observed in parking lot in w/c (wheelchair). Stated she was going home."</p> <p>Review of the facility's investigation dated June 23, 2011, revealed "Elopement: out of building...no injury." Continued review of the facility investigation revealed "...Resident sent to hospital 6-19-11 at 11:05 a.m., at that time R.N. (Registered Nurse) #3 removed wander guard bracelet from left ankle, per policy. Resident #3 returned on 6-19-11 at 1530 (3:30 p.m.) and wander guard bracelet was not put back on resident...not discovered wander guard not on, until elopement today (4days later)- alarm didn't sound when resident exited door."</p> <p>Interview with the DON (Director of Nursing) on August 23, 2011, at 1:05 p.m. in the nurse's station, confirmed the resident had been discovered outside of the building without the safety alarm in place on June 23, 2011.</p>			
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an</p>	F 441		

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F 441	<p>Continued From page 4</p> <p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 441	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>It is the practice of our Center to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Licensed nurses will receive validation of competency in clean dressing change procedure with focus on hand hygiene. All nurses will perform a return demonstration of their competency in a clean dressing change by October 8. Newly hired nurses will receive competency training in clean dressing changes prior to performing a clean dressing change. All licensed nurses will demonstrate proper technique during a clean dressing change during their annual anniversary competency checks. Observation of treatments being performed will be conducted three times weekly for one month then once weekly for one month. As part of the Infection Control Plan, the Infection Preventionist, Director of Nursing Services, Staff Development Coordinator or Asst. Director of Nurses will observe treatments at least three times each quarter. Results of treatment audits will be presented to the Performance Improvement Team</p>	

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F 441	<p>Continued From page 5</p> <p>Based on medical record review, facility policy review, observation, and interview, the facility failed to maintain infection control during a procedure for two (#9, #19) of nineteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on February 28, 2009, with diagnoses including Macular Degeneration, Hypertension, and Alzheimer's Disease.</p> <p>Observation of a dressing change, on August 22, 2011, at 3:00 p.m., with RN (Registered Nurse) #2 revealed the following: RN #2 washed the hands and applied gloves, removed the dressing from the left lower arm, cleaned the wound on the left lower arm with wound cleanser, rinsed with normal saline, dried the wound, and applied the antibiotic ointment using a q-tip without changing the gloves and washing the hands.</p> <p>Review of the facility policy, Clean Dressing Change, revealed "...Remove soiled dressing and discard in plastic bag...Remove gloves and dispose in plastic bag...Perform hand hygiene and put on second pair of gloves...Cleanse wound with prescribed solution...Remove gloves and perform hand hygiene...put on third pair of gloves...Apply prescribed medication, if ordered...Apply dressing, and secure as ordered..."</p> <p>Interview on August 22, 2011, at 3:25 p.m., in the hall, with RN #2, confirmed the gloves were not removed and hands washed after removing the dressing on the left lower arm.</p>	F 441	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>consisting of Medical Director (quarterly), Executive Director, Director of Nursing Services, Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, Nutritional Services Manager, Social Services Director, Activity Director, Business Office Manager, Plant Operations Director, Case Manager and Admissions Director.</p> <p>Nursing Assistants performing incontinent care on residents will receive retraining to validate their competency that will include when to change gloves from clean to dirty by October 8. Gloves will be changed when soiled and prior to application of clean brief. The Staff Development Coordinator will train all new resident care staff in proper changing of gloves when performing hygiene changes upon hire. Nursing assistants will perform a hygiene change as part of their annual competency evaluations.</p> <p>Observation of hygiene changes will be performed by the Staff Development Coordinator, Infection Preventionist, Director of Nursing Services or Assistant Director of Nursing twice weekly for two weeks, weekly for one month and randomly during routine rounds thereafter. Results of hygiene audits will be presented to the</p>	

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F 441	Continued From page 6  Resident #19 was admitted to the facility on January 8, 2010, with diagnoses including Multiple Sclerosis.  Observation on August 24, 2011, at 12:10 p.m., revealed Certified Nursing Assistant (CNA #1) and CNA #2 preparing to perform incontinence care for resident #19. Continued observation revealed CNA #1 with gloved hands sprayed the perineal cleaner on a washcloth and proceeded to clean the perineal area. CNA #1 continued to clean the resident's bottom including cleaning bowel movement. Continued observation revealed CNA #1, without changing gloves, applied a clean brief, held the under pad and assisted the resident to roll over.  Interview with CNA #1 in the resident's room on August 24, 2011, at 12:28 p.m., confirmed the gloves were not changed after cleaning bowel movement from the resident.  Interview with the Staff Development Coordinator on August 24, 2011, at 12:30 p.m., on the 200 hall; confirmed the facility failed to change contaminated gloves prior to applying a clean brief.	F 441	<i>This Plan of Correction is the center's credible allegation of compliance</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  Performance Improvement Team consisting of the Medical Director (quarterly), Executive Director, Director of Nursing Services, Asst. Director of Nursing Services, Case Manager, Staff Development Coordinator, MDS Coordinator, Nutritional Services Manager, Plant Operations Manager, Activity Director, Social Services and Business Office Manager.	10/18/11 10/17/11